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CONFIRMATION NO. 7132

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/849,514 | FILING DATE<br>05/20/2004<br><br>RULE | CLASS<br>473 | GROUP ART UNIT<br>3711 | ATTORNEY<br>DOCKET NO.<br>206,545 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 07/16/2004

|   |                               |                         |                      |                            |
|---|-------------------------------|-------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>11 | TOTAL<br>CLAIMS<br>6 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                         |                      |                            |
| Verified and Acknowledged<br><i>Examiner's Signature</i> <i>SP</i> Initials   |                               |                         |                      |                            |

## ADDRESS

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## TITLE

Golf club head having a brazed striking plate

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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